

## Overview of Mass Influenza Vaccination Operations for MRC Webinar Training

Wednesday, October 1st, 2014



### Housekeeping & Administrative Notes

- ★ There are two presentations for the evening:
  - POD Mass Vaccination Operations (first 30 minutes)
  - Immunization Orientation and Training (last 30 minutes)
- ★ Telephone lines will be muted during the presentations.
- ★ Type your questions in the chat box.
- ★ ALL questions for both presentations will be answered at the end of the second presentation in the order they were received.
- ★ Complete evaluation in TRAIN.



### About Your Instructors

- ★ Deborah Whitacre
  - District Emergency Coordinator, Crater Health District
- ★ Jean Morrison, BSN, RN
  - Nursing Supervisor, Crater Health District



# POINT OF DISPENSING (POD) OPERATIONS

*Deborah Whitacre, District Emergency Coordinator  
Crater Health District*

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## Session Overview

- Explain POD basics
- Discuss POD management
- Describe POD roles and responsibilities
- Preparing for work at a POD

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## What is a POD?

Point of dispensing (POD) - a place where a vaccine, antibiotic or other medication is dispensed quickly to a large group of people.



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### Why would a POD be activated?

- Usually: To prevent disease in those exposed to an infection but who are not yet sick
- Possible: To treat an infectious disease
  - The treatment offered would be limited to dispensing a specific medication.

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### What Kinds of Emergencies Might Require a POD?

- Natural disaster
- Pandemic
- Bioterrorism attack
- Man Made disaster




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### How Will a POD Be Set Up?

- The layout of a POD is designed for accurate and rapid dispensing of a specific medication/vaccine
- Basic POD floor plan
- Varies based on the situation and the circumstances

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## How will POD operations be managed?

- Using the Incident Command System (ICS) which is part of the National Incident Management System (NIMS).

- Time and crisis tested



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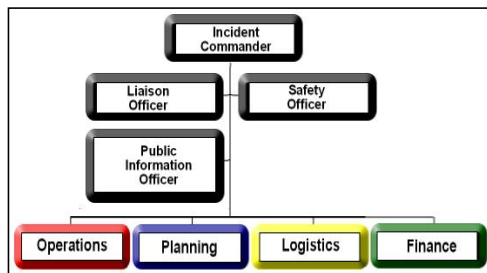
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## Incident Command Leadership



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## ICS essentials for POD workers

- You will be assigned a role with a limited and specific set of tasks to perform
- You will report to one and only one supervisor
- If a POD supervisor, you will have a limited number of people reporting to you

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## Incident Command Essentials for POD workers

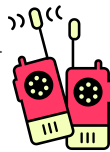
- Incident Commander is the boss
- All POD activities are designed to meet the objectives set by the Incident Commander
- Effective communication is key

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## Successful communication is key

- Do not use jargon or acronyms.
- Only the Public Information Officer may speak with the media.
- Follow your supervisor's guidance on communication with friends and family.
- Report rumors directly to your supervisor.
- You will be trained on communication equipment assigned to you.



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## POD roles and responsibilities



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### How Long Will You Be Working in the POD?

- Actual Response Shifts are usually 8-12 hours
- Typical POD Exercise Shift: 8am – noon
- The POD will be in operation until the mission has been achieved.

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### What Should You Bring ?

- Bring as little as possible
- Photo identification – required
- Wear comfortable shoes
- Water & snacks will be at the POD
- Check the weather (outside workers)
- Lunch – on your own, after exercise



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### Typical Day at a POD:

- Arrive
- Sign in
- Briefing
- Just in Time Training & Job Action Sheets
- Exercise Start or report to station
- Work shift / End shift
- Brief with incoming supervisor
- Pack Up & Sign Out

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## Job Action Sheet

- Job title
- Job mission
- To whom you report
- Tasks to perform




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## Just-in-time Training (JITT)

- JITT for short
- The training delivered at the time of an incident
- Focused on providing the knowledge and skills you need to fill your role

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## How Are You Assigned a Role ?

- Incident Commander or designee will assign a role based on
  - Your skills
  - Needs of the operation that day !
- You may be re-assigned as the needs of the operation change.
- You will always be assigned tasks
- based on your skills and abilities.




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## How Will You be Protected?

***All appropriate precautions will be taken to protect POD workers.***

- Vaccination or medication being dispensed before the POD opens
- Supply and training on appropriate 'personal protective equipment' (PPE)
- Safety officer will always be present
- Facilities for food & rest



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## How Can I Be Ready to Serve?

1. Have a family preparedness plan
2. Participate in available training & exercises
3. Be prepared to work under the Incident Command System
4. Prepare a POD go pack (see handout)

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## Let's refresh

- A POD is established to dispense a vaccine, antibiotic or other medication 'within 48 hours' to a large group of people usually to prevent disease
- The clinic flow is intended to maximize movement through the POD
- PODs are managed using the Incident Command System

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## Let's refresh

- Each POD worker will be assigned a specific role which will be described in a Job Action Sheet
- Safety of POD workers is paramount
- Plan and train *now* to be an effective POD worker

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Questions will be taken at the end of the  
2<sup>nd</sup> presentation

Or feel free to email / call:

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## Immunization Orientation and Training

### 2014

*Jean Morrison, Nurse Supervisor  
Crater Health District*

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## Learning Objectives

- Explain why influenza vaccination is recommended
- Describe the differences between Inactivated Influenza Vaccine (IIV) and Live, Attenuated Influenza Vaccine (LAIV)
- Identify the appropriate flu vaccine doses
- Explain the criteria for administering
- Describe the groups who may receive flu vaccine and the timing of vaccination

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## Influenza Key Points

- Most common vaccine preventable cause of death in the United States.
- Influenza is a highly effective, acute contagious respiratory illness and vaccination is recommended annually
- Cause mild to severe illness, and at times can lead to death



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## Influenza Key Points

- Three types of influenza virus: A-B-C
- Because of the makeup of the virus most of us will be susceptible to the changing components within the virus and therefore each year a new vaccine is produced to respond to those changes = Annual Vaccinations.

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## Influenza Key Points

- Influenza virus causes illness among persons in all age groups
- Rates of infection are highest among children and normally are the major source of transmission
- Risk of complication, hospitalization & deaths are higher among adults 65 yrs+, children under 2 years old, pregnant women, American Indians and Alaskan natives seem to be at higher risk for flu complications

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## Influenza Key Points

- Impacts school age children – absenteeism – medical care visits – parental work loss



- Benefits of vaccinations: Reduction in symptoms

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## Influenza Vaccines

First licensed influenza vaccines in the 1940's

- Two types of available vaccines in the US:
  - Inactivated influenza vaccine (IIV)
    - High Dose
  - Live, attenuated influenza vaccine (LAIV)
    - Nasal spray Vaccine

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## Influenza Vaccines

### IIV Schedule:

Age Group	Dose	# Doses
➤ 6 thru 35 months	0.25 ml dose	1 or 2 doses
➤ 3 – 8 years	0.5ml dose	1 or 2 doses
➤ 9 years & older	0.5 ml dose	1 dose

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## Contraindication & Precautions

- IIV
  - Severe allergic reaction to a vaccine component or following a prior dose
  - History of Guillain – Barré syndrome within 6 weeks a previous dose of a previous influenza vaccine
  - Moderate or severe illness with or without fever

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## Influenza Vaccines

### LAIV

- Live, attenuated influenza vaccine (LAIV)
  - LAIV was the first vaccine to be administered as a nasal spray
- LAIV is approved for **healthy persons 2 thru 49 years** who are not pregnant

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## Contraindication

- LAIV
  - Severe allergic reaction to a vaccine component or following a prior dose
  - Aspirin use in children and adolescents
  - Pregnant women
  - Immunosuppressed
  - 2-4 y.o. who have asthma
  - Received antiviral medications with in previous 48 hours



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## Influenza Vaccines

- All seasonal influenza vaccines since 1986 are Trivalent except for H1N1
- Vaccines formulations available this year are:
  - Trivalent
  - Quadrivalent
  - Recombinant



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## Influenza Vaccine Efficacy

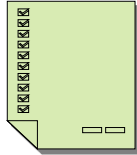
- Efficacy varies
- Duration is 1 year less for IIV
- Duration for immunity is 1 year less LAIV
- No significant difference between the two vaccines for healthy individuals between 2 yrs – 49 yrs with no underlying medical conditions that predispose them to influenza complications.

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## VDH Required Documentation

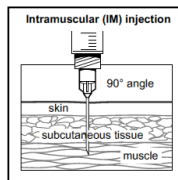
- Following VDH protocol provide to the client the following:
1. Current CDC vaccine information statement (VIS) in their native language
  2. Informed Consent
  3. Vaccine Fact Sheet



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## Intramuscular (IM) Injection



Intramuscular (IM) Injection		
Use a 22–25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass.		
Age	Needle Length	Injection Site
Newborns (1 <sup>st</sup> 28 days)	5/8"	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 yrs)	1–1 1/4" 5/8–1"	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (3–18 years)	5/8–1 1/2" 1"–1 1/4"	Deltoid muscle of arm or anterolateral thigh muscle
Adults 19 yrs or older		
Male or female less than 130 lbs	5/8–1"	Deltoid muscle of arm
Female 130–200 lbs Male 130–260 lbs	1–1 1/2"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1 1/2"	Deltoid muscle of arm

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## Intramuscular (IM) Injection



Intramuscular Administration Techniques

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**Next Steps:****MRC Coordinator (with HD RN/IAP) will facilitate:**

- ✓ Review the specific online CDC Immunization module and take the brief on-line quiz
- ✓ Complete 10 –item vaccine specific test
- ✓ Arranging for competency test with local health department RN/IAP
- ✓ Document results

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## Questions ???

Feel free to call or email

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THANK YOU FOR  
YOUR PARTICIPATION!!!

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